

York County
Commissioners
M. Steve Chronister
Doug Hoke
Christopher B. Reilly



YORK/ADAMS
DRUG & ALCOHOL COMMISSION
Recovery on the Horizon
100 West Market Street, Suite B04; York, PA 17401
Phone: 717-771-9222; Fax: 717-771-9709

Adams County
Commissioners
Randy L. Phiel
James E. Martin
Marty Karsteter Oually

YADAC Administrator: Shawn Anne McNichol, MA, CACD, CCDPD

Memorandum

To: All YADAC Contracted Prevention Treatment Providers
From: Shawn Anne McNichol, YADAC Administrator
Date: April 16, 2012
Re: 2012-2013 Request for Proposals

The York/Adams Drug & Alcohol Commission (YADAC) is issuing a Request for Proposal (RFP) for Prevention services for the 2012-2013 fiscal year. YADAC will use this proposal process to renew the existing treatment provider contracts. Specific budgets, allocations and performance plans will be negotiated on an annual basis. Continuation of agreements for the fiscal years following the 2012-2013 fiscal year will be contingent upon provider performance and available funding.

The RFP packet is attached to this memo. It includes a detailed index, required forms, instructions and related materials to assist you. If additions or corrections are necessary to correct errors found within the instructions, an addendum to the RFP will be issued. An electronic version of a generic Prevention RFP packet will be sent to your attention.

Providers must submit two copies of the proposal to YADAC by: Close of business, May 7, 2012.

Any questions regarding the RFP must be submitted to YADAC in writing. YADAC will then issue a written response to such questions as an official supplement to the RFP.

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April 16, 2012

Ms. Sharon Michaels, Executive Director
Center for Youth & Community
Development – Collaborating for Youth
PO Box 3576
Gettysburg, PA 17325

Dear Ms. Michaels:

The purpose of this letter is to inform you that the "Cost Reimbursement Contract for the Direct Services of Drug & Alcohol Prevention" in Adams County between It Takes A Village (ITAV) and the York / Adams Drug and Alcohol Commission (YADAC), will terminate at the conclusion of the 2011/2012 fiscal year (that is: June 30, 2012). An executive decision was made by ITAV not to renew this contract with YADAC. As such, YADAC is seeking to partner with a new provider for the provision of Drug and Alcohol Prevention services in Adams County for the 2012/2013 fiscal year.

In light of the aforementioned, should your organization be interested in contracting with YADAC to serve the residents of Adams County, please respond to this letter by sending me a written letter of interest, addressed to my assistant, Michael Maletz, no later than the close of business on **Friday, April 20, 2012**. Following receipt of your letter of interest, our office will contact you. Be advised that our office anticipates a fully-executed 2012/2013 drug and alcohol prevention contract to be in place for the start of the 2012/2013 fiscal year (that is: July 1, 2012).

Should you have any questions regarding the information contained in this letter, please do not hesitate to contact me at the number listed in our letterhead.

With faith, hope and gratitude,

Shawn Anne McNichol, MA, CACD, CCDPD
YADAC Administrator

York / Adams Drug & Alcohol Commission

Request for Proposal

Service(s) Covered: Prevention Services

Rough Draft issued: March 19, 2012

Anticipated Contract Period: July 1, 2012-June 30, 2013

Deadline for response: Close of business, May 7, 2012

YORK/ADAMS DRUG & ALCOHOL COMMISSION

2012-2013 RFP

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PROVIDER ELIGIBILITY CRITERIA AND

SPECIFICATIONS FOR

PREVENTION PROVIDERS

Eligibility Criteria

The following criteria must be met before the proposals of any organization will be considered:

- The provider must agree to carry out the standard terms and conditions of the YADAC contract.
- The provider must submit a proposal that is complete and that addresses all sections of this Request for Proposals.

Required Programmatic Specifications

In addition to the above mentioned eligibility criteria, YADAC has identified specifications regarding the planned acquisition of Prevention Services and are as follows:

- Providers must comply with all Department of Health, Bureau of Drug and Alcohol Programs (BDAP) manuals (those are: Treatment; Fiscal; Operations; and Prevention) AND have written procedures as indicated (such as: core trainings; staff qualifications; PBPS specifications; etc.) in said manuals and according to the 2010-2015 BDAP Provider Contract Monitoring Tool.
- Providers must have access to computer systems capable of the prevention functions described in the BDAP manuals.
- Providers shall utilize client forms in compliance with BDAP manual standards (such as: NOMS; PBPS; etc).
- Providers must demonstrate the capacity to draw revenue from non-YADAC sources: United Way, foundations, grants, etc.
- Programs must demonstrate use of evidenced based prevention approaches and/or prevention program strategy approaches.
- Programs must demonstrate an understanding of the ROSC philosophy and incorporate this philosophy into their prevention approaches.
- Providers must:
 - Participate in at least 4 collaborative single service awareness events per year;
 - Conduct programming as outlined in the Prevention Manual;
 - Enter all participants into the PBPS system;
 - Permit on-site monitoring by YADAC;
 - Adhere to the required BDAP staffing qualifications
 - Adhere to the BDAP training requirements

REQUEST FOR PROPOSALS

INSTRUCTIONS

There are nine sections to the 2012-2013 RFP. The first eight are required sections with the ninth being optional or as needed only. Please read the instructions for each section and include the requested information for each. Narratives are to be kept as concise as possible.

Section I. Index Page

The proposal must include an index that identifies the major sections of the RFP. The index is to include the corresponding page numbers.

Section II. Description of Prevention Operations

The purpose of this section is to provide a description of prevention operations and services. Please limit this section to no more than six pages. At a minimum, the following items must be addressed:

- ❖ Where is the prevention site located? Are there any satellite sites?
- ❖ Provide a brief overview of the services that will be provided. What will be the specific target groups for the proposed services? Include notation for evidenced based programming and rationale for such.
- ❖ Include a statement about the maximum number of clients per group and the agency's philosophy of such. Include notation regarding the existence of agency policy on maximum group capacity.
- ❖ Describe your agency's strategies for dealing with client "no shows" and how the agency determines if a program needs to be terminated/cancelled/etc.
- ❖ What are the hours of the prevention program? How are these hours determined? How does the prevention program handle service requests that are outside of the program's hours of operation?
- ❖ Is the prevention program covered by liability insurance?
- ❖ Describe the prevention program's quality assurance process, including provisions for standard supervision and especially for supervising newly hired prevention staff.
- ❖ Describe how the success of the services provided is measured. Include how client follow-up is completed.
- ❖ Describe the program's experience for soliciting monies/grants/funding unrelated to the YADAC prevention allocation. How much revenue has the facility generated in the past two years?
- ❖ Have all prevention staff and prevention supervisors received training in the use of the PBPS; FASD; and any other BDAP-required trainings?
- ❖ Has all staff providing or supervising Prevention services received the required trainings within 365 days of hire? What is the agency's policy regarding supervision of staff in process of acquiring said trainings?
- ❖ Does the provider agency have an established ethics policy for the prevention staff?

Section III. Agency Mission Statement, Philosophy, Development, Experience, Goals and Objectives

This section is narrative in nature and must include a concise mission statement for your organization; a statement of what way or manner the Agency's philosophy relates to the proposed services that are intended to be provided; a brief history of the applicant agency including its purpose, founder, date of incorporation (if applicable) and development to the present; a brief narrative history of the Agency's involvement in activities or services similar to, or related to, those presented in this RFP.

This section will also outline the main service goal or goals and related objectives for the contract period. Include the values, beliefs, and assumptions, which are fundamental to the operation of the Agency and substantiate with

data on the number of individuals served and other relevant information that will describe the Agency's service population.

Section IV. Provider Agency Plan of Action Worksheets (attached)

This section will present the major objectives (up to 10) that relate to the goals introduced in Section III. Each identified agency goal is to include the identified need. The need statement should help to explain the community need for each targeted goal. Identify the specific federal strategies and/or institute of medicine (IOM) prevention classifications and/or program categories and/or prevention service types.

Remember: For purposes of this Request for Proposal (RFP), goals are outcomes to be achieved and reflect the mission of the organization. Objectives are outcome measures achieved in pursuit of identified goals. For use in the accompanying charts, action steps are significant measures that lead toward the completion of the objective.

A brief statement must be included about the agency's responsibility in notifying YADAC if/when the identified prevention services are NOT rendered and/or the accompanying required documentation is not entered/reported, as well as how the agency understands that, accordingly, the cost-reimbursed payments will not be rendered by YADAC.

Section V. Personnel

This section must include:

- A. *Prevention Staff Roster* (attached)
- B. *Roster of Personnel Project Budget* form; (attached)
- C. The agency's organizational chart that illustrates the lines of authority that govern facility operations.
- D. A narrative explaining:
 - staffing levels, highlighting important elements related to staff qualifications, experience and credentials; and
 - How the project will maintain BDAP's staffing requirements;
 - How the agency will adhere to BDAP's training requirements;
 - How the agency will provide supervision for newly hired staff and /or staff who are in the process of acquiring required trainings;
 - Who is responsible for monitoring the prevention program & what safeguards are in place to ensure that uninterrupted services are provided;
 - What ethical parameters are in place to govern the prevention program staff;
 - How is the prevention staff supervised?

Section VI. Budget

Your proposal must present a budget for fiscal year 2012-2013 using the following forms and format:

- A. Budget Cover Sheet/Certification Statement (attached)

The Budget Cover Sheet/Certification Statement page must clearly identify: the agency name; prevention service location; budget period; and the signature with printed version of the signature; title of person signing the statement; and date of signature.

B. Tentative Allocation Sheet: **This form is provided in its entirety by YADAC. (attached)**

C. Budget Overview (attached): Be sure to include non-SCA income under the Revenue and Income section. A narrative should be presented that is related to the Budget Overview form and should address each line item included in the budget. It should also be used to describe any distinctive cost factors that affect the budget request.

D. Prevention Cost Reimbursement Contract Requirement: This RFP provides the basic requirements for services under this contract. This in no way means and thus Providers should not, in any way, assume that the minimum is the work to be completed. To the contrary, providers should look at all options and make efforts to *INCREASE* the provision of services to risk areas. Thus Providers shall provide services to those areas using the minimum requirements set forth in this contract as a service baseline.

Section VII. Data/Reports

A. Statistical Reporting Requirements (attached)

Using the YADAC Statistical Reporting Requirements form, identify which of the data forms listed that the agency will be responsible for submitting AND the designated agency staff responsible for submission/completion of said forms. Include agency written policy and/or a narrative of the agency's assurance:

- That the required documents and/or data submissions will be provided in the timely and accurate manner outlined in the BDAP manual;
- How YADAC will be informed if/when the required reports/data submissions are NOT completed in the required timeframes;
- The understanding of YADAC's position that failure to fulfill the required data submissions/reports as outlined in the BDAP manuals will result in the agency's payment forfeiture
- That the agency acknowledges that failure to provide identified prevention services will result in the agency's forfeiture of payment for said untendered services
- That adherence to all data submission and reports will be completed exactly how it is outlined in the BDAP manuals
- That all prevention services will be reported in PBPS regardless of the funding source.

B. Statistical Reporting to YADAC Signature Page (attached)

This document is to be signed by the party responsible for the timely and accurate submission of aforementioned data reports.

Section VIII. Appendices (Optional and/or As-Needed):

This section is optional. It will allow the agency to provide supplemental information to substantiate material presented in the information packet that may help YADAC understand the services being proposed. However, this section will not be considered a required part of the basic packet.

REQUIRED FORMS

**FY 2012-2013
PREVENTION ROSTER OF PERSONNEL
Project Budget**

Facility Name: _____

Facility ID: _____

Activity: _____

Staff Name, Title and Credentials (e.g. CAC, B.S. M.S., MSW, etc.)	Total Annual Salary	Hrs. Per Week	Salary
Column Totals			

Prepared By: _____

Telephone: _____

Date: _____

HAD313RS

PREVENTION STAFF ROSTER

COST CENTER:

[illegible]

YORK/ADAMS DRUG & ALCOHOL COMMISSION
RFP FISCAL YEAR: _____

PROVIDER AGENCY PLAN OF ACTION

Agency Name: _____

Identified Community Need: _____

Goal: _____

NO.	OBJECTIVES	NEW	EXISTING	ACTION STEPS & TIME FRAME	Person Responsible	Methodology

NO.	OBJECTIVES	NEW	EXISTING	ACTION STEPS & TIME FRAME	Person Responsible	Methodology

BUDGET OVERVIEW

EXPENSE/REVENUE CATEGORIES	2012-2013		
Personnel Expenses			
111 - Administrative Salaries			
112 - Administrative Benefits			
122 - Client-Oriented Salaries			
131 - Client-Oriented Benefits			
131 - Staff Development			
SUB-TOTAL: Personnel Expenses			
Operating Expenses			
301 - Meeting and Conferences			
302 - Consultant Expenses			
303 - Miscellaneous Personnel Expenses			
304 - Occupancy Expenses			
305 - Insurance			
306 - Communications			
307 - Office Supplies			
308 - Minor Equipment and Furniture			
309 - Medical Supplies and Drugs			
310 - Food and Clothing			
311 - Program Supplies			
312 - Staff Travel			
313 - Client Transport			
314 - Purchased Client-Oriented Services			
315 - Equipment Maintenance Expenses			
316 - Equipment Leases			
317 - Motor Vehicle Maintenance Expense			
318 - Motor Vehicle Expense			
319 - Other Operating Expenses			
320 - Indirect Costs			
SUB-TOTAL: Operating Expenses			
Fixed Assets			
401 - Equipment and Furniture			
402 - Motor Vehicles			
SUB-TOTAL: Fixed Assets			
TOTAL ALL EXPENSES			
Revenue and Income			
514 - Other Revenue			
521 - Client Fees			
522 - Health Insurance			
523 - Medical Assistance			
530 - Other:			
TOTAL ALL REVENUE and INCOME			
SCA Special Initiative Funds			
530 - Other:			
530 - Other:			
530 - Other:			
530 - Other:			
TOTAL SCA SPECIAL INITIATIVES			
Net Expense:			
(Total Expenses less Total Revenue/Initiatives)			

PREVENTION

BUDGET COVER SHEET / CERTIFICATION STATEMENT

AGENCY NAME: _____

SERVICE LOCATION: _____

BUDGET PERIOD: _____ To _____

BUDGET TYPE : _____ Annual _____ Part-Year
_____ Cost-Reimbursement _____ Fee-For-Service

I certify that I am the Executive Officer of said Organization and that this budget statement of estimated receipts and expenditures for the period shown, is true and correct to the best of my knowledge and belief; that all anticipated revenues are shown; that the anticipated expenditures have been listed in accordance with the request approved by the local authorities and the Commonwealth of Pennsylvania; that this Organization is not founded upon covenants which discriminate on account of race, creed, or national origin, nor are the affairs of this organization conducted in such fashion as to so discriminate; and that the Organization understands that any and all budgets made hereunder are made in reliance by the Commonwealth and the local authorities upon that statement herein made.

Date

Signature

Title

Printed Version of Signature

YORK/ADAMS DRUG & ALCOHOL COMMISSION

STATISTICAL REPORTING REQUIREMENTS

REQUIREMENTS FOR THE SUBMISSION OF DATA TO THE SCA DURING THE FISCAL YEAR:

DRUG & ALCOHOL SERVICE PROVIDERS ONLY

1. **HDA Form 310** (Fee-For-Service Invoice) is to be completed and submitted to the SCA by the 15th day of the following month in accordance with the agreed unit rate.
2. **HDA Form 311** (Program-Funded Invoice) is to be completed and submitted to the SCA by the 15th day of the following month.
3. **HDA Form 313** (Roster of Personnel) is to be completed and submitted to the SCA in connection with the HDA 311 (when applicable) by the 15th day of the following month.
4. **HDA Form 314** (Annual Inventory Report for Fixed Assets) is to be completed and submitted to the SCA in connection with the HDA Form 311 (when applicable) by the 10th day of the following month.
5. **HDA Form 623** (Facility Summary Non-Compliance) is to be submitted to the SCA no later than the 10th day of the following month on a monthly basis.
6. **H800 864** (Student Assistance Program – Prevention Statistical Report) is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis.
7. **TASC Statistical Report** is to be submitted to the Bureau of Drug and Alcohol Programs (BDAP) on a monthly basis. A copy is also to be sent to the SCA not later than the 15th day of the following month.
8. **Resource Management Report** is to be submitted to the SCA not later than the 20th day of the following month on a monthly basis.
9. **Outpatient Information Report** is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis.
10. **PBPS Report or PBPS Webbase** is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis by email and by provider Hard Copy.
11. **Prevention Service Activity Report and Prevention Activity Log** is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis by email.
12. **SAP Outpatient Community Statistics Report or SAP Reporter Webbase** is to be submitted in the SAP Reporter Webbase and to the SCA not later than the 10th of every month.
13. **Client Information System (CIS)** – CIS files must be made available through BDAP Client Information System YADAC extraction before the 15th of the following month. Failure to meet this deadline could result in delay of future payments.

**STATISTICAL REPORTING TO THE YORK/ADAMS
DRUG & ALCOHOL COMMISSION
*Signature Page***

AS THE RESPONSIBLE PARTY FOR THE AGENCY IDENTIFIED IN THIS RFP,
I WILL ENSURE THAT ACCURATE AND TIMELY STATISTICAL REPORTS
ARE SUBMITTED IN ACCORDANCE TO THE REQUIREMENTS OF THE
YORK/ADAMS DRUG AND ALCOHOL COMMISSION AND THE
DEPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL
PROGRAMS..

Signature & Date

Print Name

Agency Name

Date